



PRIMARY CARE COMMISSIONING COMMITTEE

Tuesday 16 February 2021
14:00 – 15:30

CONFIRMED MINUTES

This meeting took place via MS Teams and was live streamed to the public

Present:	Andrew Atkin	(AA)	Lay Member
	Nicola Bailey	(NB)	Chief Officer
	Mike Brierley	(MB)	Director of Commissioning Strategy and Delivery
	Sarah Burns	(SB)	Joint Head of Integrated Strategic Commissioning
	Dr Stewart Findlay	(SF)	Chief Officer
	Richard Henderson	(RH)	Chief Finance Officer
	Feisal Jassat	(FJ)	Lay Member, Patient and Public Involvement (Chair)
In attendance:	Christopher Black	(CB)	Primary Care Manager, NHS England and NHS Improvement
	Joseph Chandy	(JCh)	Director of Commissioning Strategy and Delivery (Primary Care) (attended part of the meeting)
	Anne Greenley	(AG)	Director of Nursing and Quality (Interim)
	Denise Rudkin	(DR)	Healthwatch County Durham
	David Steel	(DS)	Primary Care Business Manager, NHS England / NHS Improvement
	Susan Parr	(SP)	Executive Assistant (minutes)
	Dr Dilys Waller	(DW)	Executive GP
Apologies:	Dr Ian Davidson	(ID)	Medical Director
	Amanda Healy	(AH)	Director of Public Health, Durham County Council
	David Logan	(DL)	Healthwatch County Durham representative
	Jennifer Long	(JL)	Primary Care Assistant Contract Manager, NHS England / NHS Improvement
	Dr Rushi Mudalagiri	(RM)	Executive GP
	Diane Murphy	(DM)	Director of Strategy and Delivery (Continuing Health Care), Tees Valley and County Durham CCGs
	Dr Jonathan Smith	(JS)	Clinical Chair

	Items	Action
PCCC/21/01	Apologies for absence A recorded above.	
PCCC/21/02	Declarations of conflicts of interest The Chair reminded members of the Committee of their obligation to declare any interest they might have on any issues arising at the meeting, which might conflict the business of NHS County Durham CCG. Declarations made by members of the Committee are listed in the CCG's Register of Interests. The Register is available either via the secretary to the Primary Care Commissioning Committee or the CCG's website at the following link: https://countydurhamccg.nhs.uk/documents/declarations-conflict-interest/ No declarations of interest were declared at this point of the meeting.	
PCCC/21/03	Identification of any other business No items of other business were identified.	
PCCC/21/04	Minutes from the Primary Care Commissioning Committee held on Tuesday 15 December 2020 The minutes were agreed as a correct record of the meeting.	
PCCC/21/05	Matters arising from the Primary Care Commissioning Committee held on Tuesday 15 December 2020 There were no matters arising.	
PCCC/21/06	Action Log The action log was updated. PCCC/20/75: Overview and Scrutiny Review of GP Services in County Durham As the Interim Director of Nursing and Quality (replacing Gill Findley whilst on secondment), AG agreed that this agenda item could be closed. The 6 month review of the GP Services in County Durham would be undertaken in June 2021.	

ITEMS FOR DECISION

PCCC/21/07

Primary Care Commissioning Committee Terms of Reference

*Director of Commissioning Strategy and Delivery,
County Durham CCG
- Joseph Chandy*

JCh advised that during the recent Conflicts of Interest Audit undertaken by AuditOne, it had been highlighted that the CCG's Primary Care Commissioning Committee Terms of Reference did not comply with guidance included in the document '*Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017*' (attached to the report as Appendix 1).

The guidance stated that, '*A standing invitation must be made to the CCG's local HealthWatch representative and a local authority representative from the local Health and Wellbeing Board to join the committee as non-voting attendees, including, where appropriate, for items where the public is excluded for reasons of confidentiality*'.

In 2017, following release of the guidance, North Durham CCG amended its terms of reference to place the Health and Wellbeing Board member in the 'non-voting in attendance' section of the membership, whilst Durham Dales, Easington and Sedgfield (DDES) CCG preferred to leave the Health and Wellbeing Board member in the 'voting' members section due to the good input provided by that representative.

In 2020, when the merger documentation was being developed for the merger of DDES CCG and North Durham CCG, it was agreed that the Health and Wellbeing Board representative would remain in the 'voting' member section and that agreement was approved by NHS England as part of the submission of the County Durham CCG Constitution of which these terms of reference form a part.

Following further consideration and advice taken from AuditOne, it has been agreed to now move the Health and Wellbeing Board representative to the 'non-voting' in attendance section to fully comply with the Conflicts of Interest guidance.

It had been suggested that this amendment be made without the need to submit the Terms of Reference to NHS England for approval and the Committee was being asked to approve the recommended changes to membership prior to the terms of reference being presented to Governing Body for ratification on 23 March 2021.

The Primary Care Commissioning Committee:

- approved the revised terms of reference for the 2020/21 period,

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- noted that the terms of reference would be presented to the Governing Body for ratification alongside the other governance committee terms of reference.

ITEMS FOR DISCUSSION

PCCC/21/08

Primary Care Quality Report (Quarter 3 2020/21)

*Director of Nursing and Quality (Interim), County Durham CCG
- Anne Greenley*

This report was due to be presented at the February 2021 Quality Committee, which had been stood down due to Covid 19. The report had been circulated by e-mail to members of the Quality Committee for comment.

The report provided the Primary Care Commissioning Committee with a summary of the key points in relation to quality assurance in primary care for County Durham CCG since the previous report.

AG highlighted the following key points:

- The CCG Primary Care team and Medicines Optimisation team continued to provide significant support to the 13 Primary Care Networks in establishing and delivering local Covid-19 vaccination services across County Durham.
- The February 2021 Primary Care Quality Assurance Sub-Committee has been cancelled due to the CCG's focus on helping delivery of the Covid-19 vaccine programme.
- The Quarter 2, 2020/21 North of England Commissioning Support (NECS) Clinical Quality Centralised Incident Team, Serious Incident and Risk Management System (SIRMs) report would be shared through the CCG's Quality Committee. This was a new style of report which had been well received by other CCGs in the region. General practice internal incidents reported on the SIRMs would be included in the Primary Care Quality report going forward. This centralised approach would be continuously reviewed and improved going forward.
- The 2021 GP Patient Survey was now live, this was a key source of information about the performance of GP practices and CCGs. Due to changes made as a result of Covid-19, it was more important than ever that patients had the opportunity to feedback on their experience of using their local GP and health services.
- Healthwatch County Durham conducted research into people's Covid-19 lockdown experiences of using health and social care services between June and August 2020; the report had been published in October 2020. A total of 257 surveys had been completed, with the majority of people accessing GP services or a pharmacy during the lockdown. The report provided examples of good service delivery. Key observations, including

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suggestions for improvements were highlighted in relation to communication, digital and online services, access to services and training. The report had recently been shared with the CCG Primary Care team, Medical Directors and Director of Nursing and Quality and would be brought to the Primary Care Commissioning Committee to be held in April 2021.

In response to the Chair's query, AG advised that she did not know when the GP Patient Survey would close but would find out and update Members if the date was available.

Action: AG to find out what date the GP Patient Survey closed (if available) and advise Members of the PCCC

AG

The Chair drew attention to the Care Quality Commission (CQC) primary care inspection table that highlighted the number of practices that had been rated as 'Outstanding', the significant percentage of practices that had been rated as 'Good', and that there were no practices that 'Requires Improvement'. He asked if the CCG provided feedback following a CQC rating. In response AG said that it was important to note that a lot of CQC inspections had been stood down due to the Covid-19 pandemic, however the CCG did provide feedback and ensured that any learning was disseminated across the CCG's other practices.

SF added that the CCG always wrote to practices that had been rated as 'Outstanding', but not normally for 'Good'. The CCG did, however, regularly look at what its GP practices were doing and encouraged sharing of learning and best practice. The CCG also made sure that it was kept apprised of what the CQC would be looking for during an inspection and the CCG would then inform practices of the areas to focus on.

The Primary Care Commissioning Committee:

- received the report and discussed the content of the report.

PCCC/21/09

Primary Care Finance Report for the 9 months ending 31 December 2020

Chief Finance Officer, County Durham CCG

– Richard Henderson

The report captured the financial position on primary care related budgets for NHS County Durham CCG for the nine months ended 31 December 2020. This included those primary care budgets delegated from NHS England and any other elements of primary care spend within the CCG's main commissioning budgets.

Members noted that, as previously reported, temporary financial arrangements had been implemented for CCGs for the six months from 1 April 2020 until 30 September 2020.

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RH advised that the CCG had now received the final retrospective top-up allocation for the first 6 months of the financial year; this amounted to £16.39m in total and brought the CCG to an overall breakeven position for that period. The top-ups had effectively removed the pressure previously reported on delegated primary care budgets and, as at month nine, the delegated primary care budgets were showing an overall underspend position of £472k year-to-date, with a forecast underspend of £279k for the year. This underspend largely reflected the net impact of prior year accruals which had been released for 2019/20 costs; this was for areas such as Quality Outcomes Framework, enhanced services and other areas of spend. This was a more positive position to that previously reported.

RH drew attention to page 7 of the report which provided information on other areas of primary care spend. He highlighted that most of the budget lines were relatively fixed and that there was a small forecast outturn underspend related to the minor ailments scheme and GP IT services, where actual costs were expected to be lower than initially expected.

With regard to future arrangements, RH advised that the CCG had received confirmation that the usual planning and contracting round had been stood down for the rest of the 2020/21 financial year, and that the current financial arrangements and block contracts with NHS providers would be rolled forward to at least quarter 1 of the 2021/22 financial year. The CCG had not yet had the funding envelopes confirmed for the following year; they were expected mid to late March 2021 and to be as close as possible to the current funding arrangements but with additional funding for primary care to meet the commitments within the GP Forward View, for example funding to support the additional role reimbursement scheme. Further details were expected in March 2021.

Drawing the discussion to a close the Chair said that it was good news with regard to the underspend as the financial year came to a close and he thanked the executive and finance teams for ensuring that result.

The Primary Care Commissioning Committee:

- received the report,
- noted the current and forecast financial position in respect of primary care budgets.

PCCC/21/10

Risk Management Report

Chief Finance Officer, County Durham CCG

- Richard Henderson

The purpose of the report was to provide a risk management update, including a summary of the corporate risks facing the CCG, together with a full copy of the latest risk register position.

County Durham CCG currently had 21 risks, two of which were corporate risks which would be brought to the attention of the Governing Body, relating to:

- the delivery of Constitutional Standards,
- Covid-19.

Two new risk had been added since the previous report:

- Risk CD0021 - Integrated Care System (ICS) Transition. This risk had been briefly discussed at the last Committee and related to potential changes to CCG responsibilities as they were absorbed into the Integrated Care System (ICS) in April 2022. Referring to the Government White Paper, RH advised that there was a lot of detail to work through, with the risk that the transition could destabilise local place-based arrangements in County Durham, take focus away from CCG priorities up to April 2022 and lead to uncertainty and risk for CCG staff.
- Risk CD0022 related to Information Governance and Information Risk Management and incorporated potential cyber security risks. This risk had been discussed in detail by the Audit Committee and work had been undertaken by internal audit colleagues to map out some of the relevant assurance processes which would help to mitigate those risks.

The risk around the EU Exit had been reviewed with Gill Findley, the CCG's Senior Responsible Officer for the EU Exit, and it had been agreed that no further issues or increased risk identified that would warrant change to the risk register.

No risks had been closed since the previous report.

It was noted that the frequency of the risk reports was now quarterly in line with Governing Body meetings therefore this report had not been reviewed by Executive Committee

Primary Care Commissioning Committee:

- received the report and appendices,
- noted the current risks facing the CCG,
- received assurance that mitigating actions were in place to ensure all of the CCG's risks were being appropriately managed.

PCCC/21/11

Primary Care and Primary Care Network Development Update

*Director of Commissioning Strategy and Delivery,
County Durham CCG
- Joseph Chandy*

The purpose of the report was to update members of the Primary Care Commissioning Committee on the progress made by County Durham CCG against the NHS Long Term Plan and Primary Care Network (PCN) development and work undertaken in relation to the Covid-19 pandemic

JCh highlighted the following key areas:

Covid-19 Vaccination Programme

The main focus of the Primary Care team had been the Covid-19 vaccination campaign. JCh was pleased to advise that by the 15th February 2021 deadline all patients in the first four cohorts had been offered a vaccination. This had been a significant challenge especially as the vaccine supply had been delivered on a 'just in time' basis. In addition, all Care Home residents and staff across County Durham had been offered their first vaccine.

The CCG had provided significant support to the Primary Care Networks (PCNs) not only for strategic work but also for back office functions and marshalling. JCh drew attention to page 4 of the report which highlighted:

- the number of clinics and hours of support that the volunteers had provided,
- the offer of ring-fenced funding for patient transport. This had been provided so that transport would not be a barrier for patients getting their vaccination.

Primary Care Networks (PCNs) Update

JCh explained that the funding over a 5-year plan continued to be available for PCNs to draw down on. One of the PCN key priorities was to maximise the use of funding made available through the network Directed Enhanced Service (DES) to recruit additional staff in order to expand services across the County Durham.

SF highlighted that County Durham and Darlington NHS Foundation Trust (CDDFT) had also provided significant support with regard to the vaccination programme; their community nurses had been involved in the vaccination of the majority of the housebound patients and had also supported the PCNs in the vaccination of care home residents and staff. He added that this was not the position for all CCGs and demonstrated the strength of mutual support and integration of organisations across County Durham.

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The Chair invited DW to provide an insight into the vaccination programme from a frontline perspective. DW said that it had been one of the most worthwhile things that she had been involved in. It had been a massive team effort and everybody had contributed, not least Primary Care and Medicines Optimisation staff who had been involved in sourcing vaccine supplies. All had worked hard to set up the vaccination clinics which had been done on a relatively short timescale. Feedback from patients had been positive, which had been appreciated. DW highlighted that some practice receptionists had chosen to call patients rather than use text messaging as they had enjoyed speaking to their patients that they had not seen or heard from for a long time. She felt that patients had appreciated this effort.

The Chair thanked all involved for their work; he mentioned the updates provided to CCG Lay Members throughout the week which gave them a perspective on the ongoing challenges for primary care and CCG staff.

The Primary Care Commissioning Committee noted and discussed the content of the report.

PCCC/21/12

County Durham Primary Care Commissioning and Investment Strategy 2020/21 – 2021/22

*Director of Commissioning Strategy and Delivery,
County Durham CCG
- Joseph Chandy*

The County Durham CCG Primary Care Commissioning and Investment Strategy (PC Strategy) 2020/21-2021/22 set out how the CCG would deliver sustainable primary care services and better health outcomes for the people of County Durham.

JCh advised that, whilst the CCG had made excellent progress against the out-going primary care strategies, in light of the NHS Long Term Plan and new GP contract framework it must now refresh its strategy to ensure the ambitions were reframed and refocused. He then took Members through the presentation which summarised the key areas of this work:

The first slide outlined the process for developing the PC Strategy that had begun in October 2019. The context for developing the strategy had had to change to take into account not only the primary care response to Covid-19, which had accelerated some of the aims within the NHS Long Term Plan that had been aspired to, but also the landscape changes that the Government White Paper had recently described. JCh described the opportunities for engagement and feedback from a number of stakeholders which had informed the development of the strategy. The strategy may still require further change – subject to feedback from the County

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Durham Adult Wellbeing and Health Overview and Scrutiny Committee, County Durham HealthWatch and County Durham Health and Wellbeing Board members.

The second slide outlined the Vision for a partnership approach to integrated care. This was the third PC Strategy the CCG had developed to support its road map for general practice and JCh described the sustainability, patient access, workforce and investment issues within primary care that had had to be addressed by the CCG since its inception in 2013. The former two PC Strategies had supported the rationale to increase funding into primary care, the benefits of which were now being seen with primary care being in a much stronger position.

The third slide provided detail of the where primary care was at in 2013 with traditional GP practice models in place, with little skill mix and access for patients limited to core hours.

Primary care was now in a very different place, 7 years on and slide 4 provided details of the key achievements:

- 64 practices operating and organised into 13 PCNs,
- services available 8am-6pm weekdays, also evenings and weekends as part of extended access,
- increased digital utilisation including access via video and online consultations. This had unexpectedly been accelerated in response to the Covid-19 pandemic,
- new workforce roles emerging eg Clinical Pharmacists, Social Prescribing Link Workers, Pharmacists, Technicians, Physician Associates.

All of these changes had put primary care in the right position for when PCNs were nationally mandated.

Members noted that, given the changes announced in the Government White Paper, it was important that the CCG set out the legacy that it would leave including:

- mature Primary Care Networks working to improve population health,
- more support available to help people self-manage their health,
- a new workforce embedded into primary care, 400+ across 13 Primary Care Networks enabling more sustainable, resilient services.

Slides 5 and 6 provided details of the key achievements from the previous PC Strategy that could be grouped into four strategic themes and four operational priorities.

JCh advised that, although this latest draft version of the PC Strategy had been written prior to the publication of the

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Government White Paper, County Durham had always had a focus around 'place', and now worked in a much more integrated way that reflected the new direction as defined in the White Paper.

Moving on to slide 7 - Local Improvement and Integration Scheme (LIAISE), JCh advised that engagement with regard to this LIAISE was being undertaken and that, subject to approval, the new Scheme would be effective from April 2021

It was intended that the LIAISE would become a three-year investment scheme with annual reviews. It would support the increased work delivered within primary care and build on the successful model of care closer to home via the out of hospital agenda.

Slide 8 provided a snapshot of the investment aligned to each budget area. In 2020/21 the total annual budget for primary care in County Durham had been approximately £100m. Funding into PCNs was projected to increase.

The final slide outlined how the CCG would measure success and how its ambitions would make a difference to the population of County Durham and the PC Strategy. The Appendices to the PC Strategy set out how that would be monitored.

In drawing the item to a close, the Chair said that he was pleased to see the sections within the PC Strategy around engagement, people's participation, patient experience etc., and the work around the primary care services. It was a comprehensive piece of work and a fitting legacy for the CCG.

The Primary Care Commissioning Committee:

- considered the content of the report,
- provided comment on the latest draft of the County Durham Primary Care Commissioning and Investment Strategy, and
- offered endorsement before submission to the CCG Governing Body for formal ratification in March 2021.

FOR INFORMATION

There were no items received for information.

QUESTIONS FROM THE PUBLIC

PCCC/21/13 No questions were received from the public.

PCCC/21/14 **Other Business**

There were no items of other business.

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PCCC/21/15 **Standing item:**
Risk Round Up

There were no risks identified during the discussion.

PCCC/21/16 **Date and time of next meeting**

The next meeting would be held on:
Tuesday 20 April 2021, 13:30 to 15:30. Arrangements to be confirmed.

Contact for the meeting:
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County Durham CCG

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Signed:

Chair: **Feisal Jassat**

Date:

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